U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is man

E

is report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

or Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U	2. Fiscal Year Covered From
12.327	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edgar L Pruitt	Name BLET National Division
	Labor Organization File Number 026-292
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4003 Kempsey Ct	Street 1370 Ontario Street
City Bakersfield	City Cleveland
State California ZIP Code + 4 93313	State Ohio ZIP Code + 4 44113
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as opecified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (in monetary value from an employer whose employer	cluding loans) with, or d byees your organizatio	erived income or other economic benefit of nepresents or is actively seeking to represent.
6. Name and address of Employer (including trade ram	ne, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State ZIP Cod	le + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed Signed

on 8-15-05

ate

<u> 225-698 -3858</u>

Telephone Number

Name of Person Filing Edgar Pruitt	File Number <b>U-</b> 26292
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of duying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trus' in which your labor organization.	rwise dealing with the business dively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	The state of the s
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above) y or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Davis, Saunders Law Firm	Group Dinners, Banquets, etc. in connection with Union functions either individually or collectively with other Law Firms in excess of
Trade Name, if any:	\$25.00 based upon a good faith estimate.
P.O. Box, Bldg., Room No., if any	
Street 3113 16th Street	
City Metairie	

14.b. Amount of payment.

ZIP Code + 4 70002

or Consultant

State Louisiana

13.b. Is the Business an Employer

\$150

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name The Crow Law Firm	Group Dinners, Eanquets,etc. in connection with Union functions either individually or collectively with other Law Firms in excess of
Trade Name, if any:	\$25.00 based upor a good faith estimate.
P.O. Box, Bidg., Room No., if any	
Street 700 "E" Street	
City Sacramento	
State California ZIP Code + 4 95814-1230	
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. \$50

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Yaeger, Jungbauer & Barczak, PLC  Trade Name, if any: Law Firm  P.O. Box, Bidg., Room No., if any  Street 745 Kasota Ave. SE  City Minneapolis	14.a. Nature of payment.  Group Dinners, Banquets, etc. in connection with Union functions either individually or collectively with other Law Firms in excess of \$25.00 based upon a good faith estimate.
State Minnesota ZIP Code + 4 55414	
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment \$10

3.a. Name and address of Employer or Labor Rela ions Consultant (including trade name, if any).  Name Rathmann & O'Brien, L.L.C.  Trade Name, if any: Law Firm  P.O. Box, Bidg., Room No., if any  Street 1031 Lami St.  City St. Louis  State Missouri  ZiP Code + 4 63104	14.a. Nature of payment.  Group Dinners, Earquets, etc. in connection with Union functions either individually or collectively with other Law Firms in excess of \$25.00 based upon a good faith estimate.
3.b. Is the Business an Employer or Consultant × ?	14.b. Amount of payment.

## Part C Continuation Page

<ol> <li>3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name Jones & Granger	Group Dinners, Fanquets, etc. in connection with Union functions either individually or collectively with other Law Birms in excess of
Trade Name, if any: Law Firm	collectively with other Law Firms in excess o \$25.00 based upon a good faith estimate.
P.O. Box, Bidg., Room No., if any	
Street 10000 Memorial Drive, Suite 888	
City Houston	
State Texas ZIP Code + 4 77210	
3.b. Is the Business an Employer or Consultant × ?	14.b. Amount of payment.

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name The Cartel Law Firm	Group Dinners, Barquets, etc. in connection with Union functions either individually or collectively with other Law Firms in excess of
Trade Name, if any: Law Firm	\$25.00 based upon a good faith estimate.
P.O. Box, Bldg., Room No., if any	
Street 7551 Callaghan Road, Suite 888	
City San Antonio	
State Texas ZIP Coce + 4 78229	
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. \$

3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Hubbel, Peak, O'Neal, Napier & Leach  Trade Name, if any: Law Firm  P.O. Box, Bldg., Room No., if any  Street 30 West Pershing Road, Suite 350  City Kansas City  State Missouri  ZIP Code + 4 64108	14.a. Nature of payment Group Dinners, Barquets, etc. in connection with Union functions either individually or collectively with other Law Firms in excess of \$25.00 based upon a good faith estimate.
3.b. Is the Business an Employer or Consultant × ?	14.b. Amount of payment.